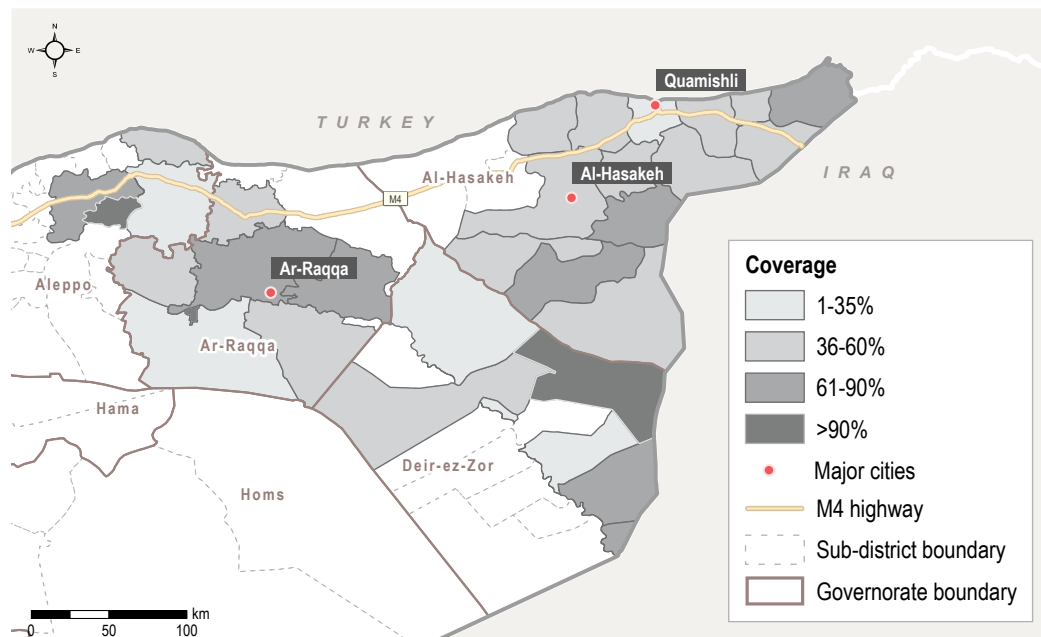


Introduction and Methodology

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. This factsheet presents a thematic review based on the HSOS assessment of the priority needs and humanitarian assistance, economic conditions, living conditions, access to basic services, COVID-19 situation, and the security and protection situation in Northeast Syria (NES). **Sector-specific indicator findings by location can be found on the [HSOS dashboard](#).**

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely (via phone). KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1,219 communities** across Aleppo¹ (225 communities), Ar-Raqqa (250 communities), Al-Hasakeh (682 communities), and Deir-ez-Zor (62 communities). **Data was collected between 1-17 November 2021 from 3,828 KIs** (20% female). Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalized across the population and region. Findings that are calculated based on a subset of the community are indicated by the following footnote ♦, with each subset specified in the endnotes.

The **complete monthly HSOS dataset** is available on the [REACH Resource Centre](#).



Key Highlights

A shortage of funding and medical equipment, including COVID-19 testing kits, is putting at stake the functioning of some major public hospitals and healthcare services in NES. The high cost of agricultural inputs and water shortages negatively affected the agricultural sector, increasing food prices and stagnating wages. COVID-19 mitigation measures continued to affect access to livelihoods, education and markets.

- **A lack of medical equipment and funding negatively affected access to health services in Deir-ez-Zor and Ar-Raqqa Governorates.** Public hospitals will be reportedly losing funding in December, including to a surgical hospital in the eastern countryside of Deir-ez-Zor, accessible to nearly 300,000 people, and the maternity and paediatric hospital in Raqqa city, accessed by around 10,000 children and women per month.^{a,b} Moreover, some health facilities in Deir-ez-Zor are experiencing a lack of supplies, medical equipment and medicines.^c Relatedly, a lack of medicines/medical equipment at the health facility was most commonly reported in Deir-ez-Zor Governorate, where KIs mentioned this barrier in 90% of the assessed communities. In addition, overcrowded health facilities were most commonly reported in Deir-ez-Zor and Ar-Raqqa governorates (55% and 43% of the assessed communities, respectively).

- **Agricultural production in NES is reportedly suffering from shortages and high prices of farming inputs, including seeds, fertilizer and fuel.^{d,e}** High operational costs and a lack of agricultural inputs were mentioned as barriers to accessing livelihoods related to agriculture in 72% and 63% of assessed communities, respectively. KIs in 53% of assessed communities also reported a lack of water for agriculture. Both high input prices and low water availability for irrigation reportedly contributed to keeping daily workers' wages low.^f In fact, the median estimated daily wage for unskilled labour in NES was 5,000 SYP in November; an amount that has not changed since April 2021, although the value of the survival minimum expenditure basket (SMEB) increased by 24% since then.^g

- **COVID-19 continued to impact people's lives in NES, and a halt in tracking of cases is of particular concern.** In November, access to livelihoods, education and markets was negatively affected by COVID-19 in a lower but considerable number of communities compared to October. In 56% of the assessed communities, at least one of the available livelihoods sources was either partially or totally affected by COVID-19. In nearly half of the assessed communities, in-person education was not always available during the 30 days prior to data collection due to COVID-19-related school closures. Opening days and hours of markets were reportedly reduced because of COVID-19 mitigation measures in 18% of the assessed communities. Concerningly, updates on COVID-19 infections in NES were halted in the first half of November, when the only COVID-19 testing laboratory in NES exhausted its COVID-19 testing kits.^h

HSOS Dashboard

For a breakdown of sector-specific indicators by location, please see the [HSOS dashboard](#). The interactive HSOS dashboard provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level.



Priority Needs and Humanitarian Assistance



Most commonly reported **first, second, and third** and **overall** priority needs for residents (by % of assessed communities) ^{2,3}

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Healthcare	Livelihoods	Livelihoods	79%
2	WASH [▲]	Livelihoods	Winterisation	Healthcare	58%
3	Healthcare	WASH	Infrastructure	WASH	47%

% of assessed communities where some of the resident households were able to access humanitarian assistance



Yes: **18%**
No: **82%**

% of assessed communities where KIs reported the presence of the following **types of assistance for residents** ⁴

1% | Livelihoods
1% | Healthcare
<1% WASH

Most commonly reported barriers that resident households faced in accessing humanitarian assistance (by % of assessed communities) ^{4, ♦}

In communities where access to humanitarian assistance was reported

In communities where no access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	81%	1	94%
Assistance provided was not relevant to all needs	48%	2	3%
Quantity of assistance provided to households was insufficient	44%	3	2%

No humanitarian assistance was available	94%
Not aware if assistance was available	3%
Perceived discrimination in provision of humanitarian assistance	2%



Most commonly reported **first, second, and third** and **overall** priority needs for IDPs (by % of assessed communities) ^{2,3}

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Livelihoods	Livelihoods	Livelihoods	78%
2	Food	Healthcare	Winterisation	Food	54%
3	Healthcare	Winterisation	Healthcare	Healthcare	53%

% of assessed communities where some of the IDP households were able to access humanitarian assistance



Yes: **29%**
No: **71%**

% of assessed communities where KIs reported the presence of the following **types of assistance for IDPs** ⁴

<1% Livelihoods
25% Food
1% | Healthcare

Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities) ^{4, ♦}

In communities where access to humanitarian assistance was reported

In communities where no access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	78%	1	98%
Quantity of assistance provided to households was insufficient	58%	2	1%
Assistance provided was not relevant to all needs	52%	3	1%

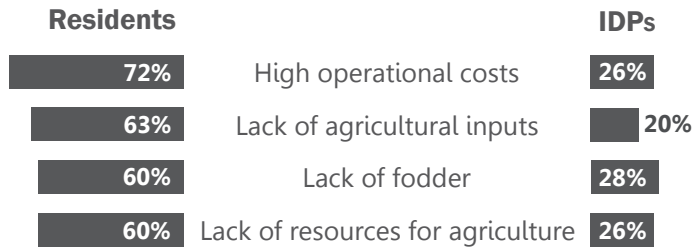
No humanitarian assistance was available	98%
Perceived discrimination in provision of humanitarian assistance	1%
People did not comply with the eligibility criteria	1%



Economic Conditions

Region	Median estimated monthly household expense for water for a household of six ^{5,6}	Median estimated monthly rent price for a two bedroom apartment ^{5,6}	Median estimated daily wage for unskilled labour ^{5,7,8}
Northeast Syria	15,000 SYP	40,000 SYP	5,000 SYP
Aleppo	8,000 SYP	2,5000 SYP	5,000 SYP
Al-Hasakeh	25,000 SYP	75,000 SYP	5,000 SYP
Ar-Raqqa	2,500 SYP	40,000 SYP	6,000 SYP
Deir-ez-Zor	20,000 SYP	40,000 SYP	5,000 SYP

Most commonly reported barriers to accessing live-lihoods related to agriculture (by % of assessed communities) ⁴



81% and 93%

% of assessed communities where KIs reported daily waged labour as a common source of income for residents and IDPs

87 days

Number of days the average day labourer would need to work to earn the monthly cost of basic SMEB[▲] items ^{5,9}

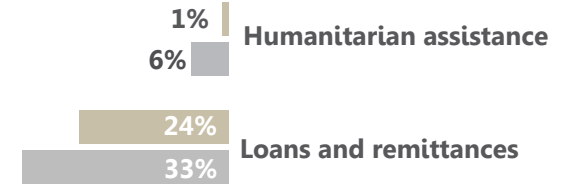
92% and 64%

% of assessed communities where KIs reported the insufficient income of households and lack of employment opportunities that match people's skills as barriers to meeting basic needs ⁸

% of assessed communities where common livelihood sources from agriculture were reported ⁴

Livelihood source	Residents	IDPs
Food crop production	40%	28%
Cash crop production	54%	5%
Livestock products	64%	29%
Sale of livestock	61%	27%

% of assessed communities where KIs reported the presence of residents and IDP households relying on non-productive sources of livelihoods to meet their basic needs ⁴



Intersectoral findings on unaffordability hindering access to goods and services



KIs in 24% of assessed communities cited that rent was unaffordable for the majority of people



KIs in 48% of assessed communities cited the high cost of fuel for generators as a common challenge



KIs in 70% of assessed communities cited the high cost of solar panels as a common challenge



KIs in 40% of assessed communities cited the high cost of water trucking as a common challenge



KIs in 79% of assessed communities cited the high cost of food as a common challenge ⁸



KIs in 88% of assessed communities cited the high cost of health services as a common challenge



Living Conditions

In **93%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **82%** of assessed communities reportedly none of the IDP households owned their shelter

In **10%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **10%** of assessed communities at least one fifth of the IDP population reportedly lived in tents



A lack of toilets was reported as a shelter issue for IDPs in **19%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **11%** of assessed communities



Problems with the drinking water were reported in **43%** of assessed communities



Water tastes bad was the most commonly reported problem with drinking water (reported by KIs in 24% of assessed communities)



98%

% of assessed communities where KIs reported that **house-holds experienced barriers to accessing sufficient food** ⁸



In **19%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food ⁸

Most commonly reported coping strategies for a lack of food (by % of assessed communities) ⁴

- 1** Borrowing money to buy food **80%**
- 2** Relying on less preferred food / lower food quality **69%**
- 3** Buying food with money usually used for other things **68%**

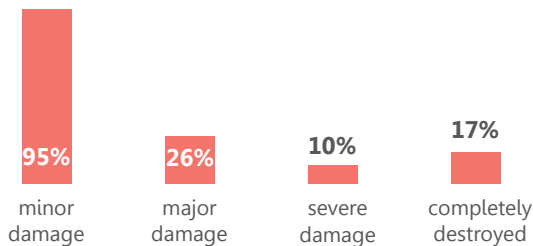


High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 97% of assessed communities) ^{4,11}

Commonly reported **sources of food** for house-holds other than markets (by % of assessed communities) ⁴

- 1** Own production or farming **39%**
- 2** Relying on food stored previously **31%**
- 3** Food gifts from friends and family **13%**

Reported presence of occupied shelters with damage across communities where damages were reported (by % of assessed communities) ^{5,10}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 96% of assessed communities) ⁴

Reported sanitation issues affecting public space in the community (by % of assessed communities) ⁴

Rodents and/or pests are frequently visible



Solid waste in the streets



Sewage system pollutes public areas

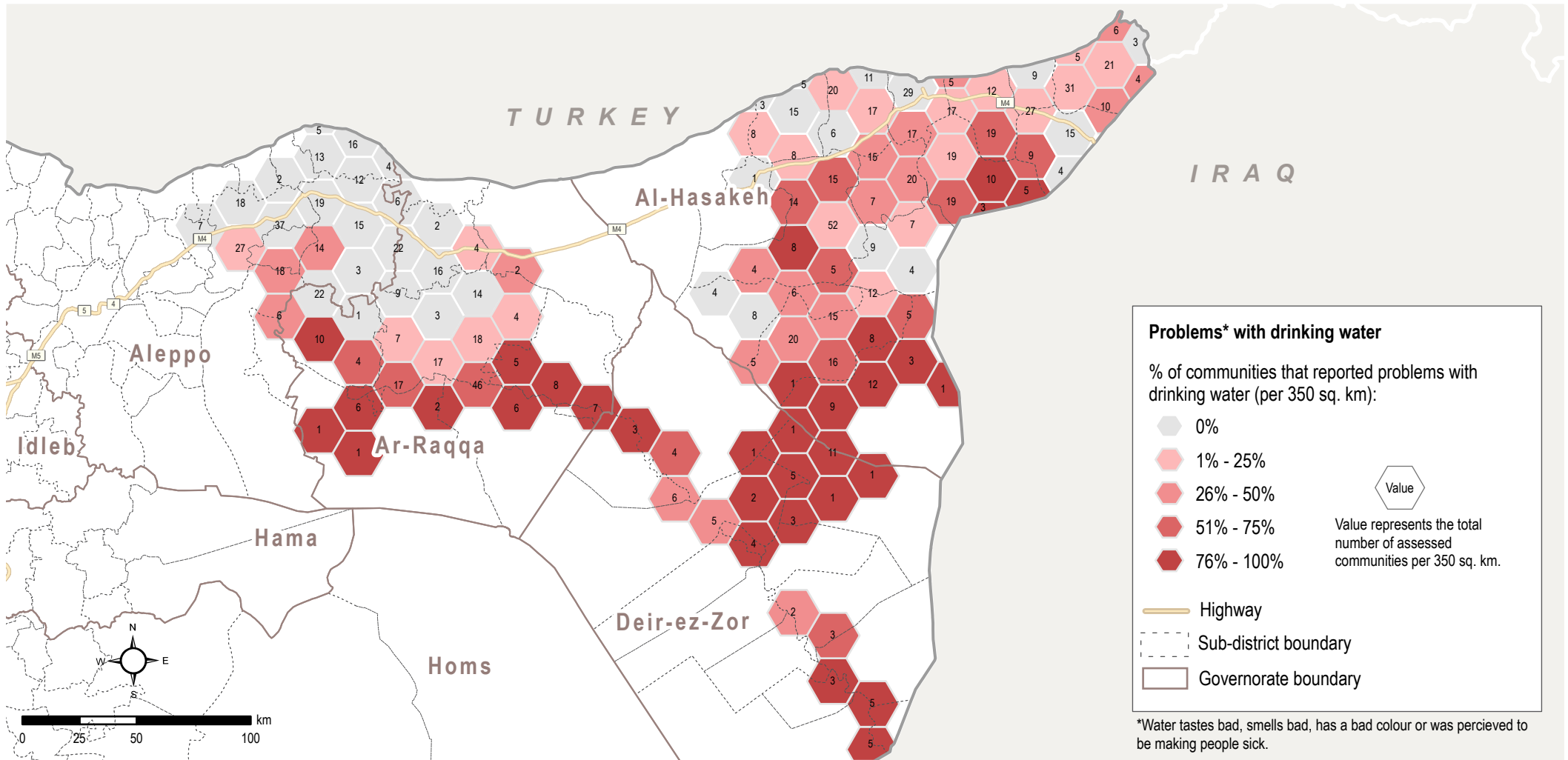


Stagnant water



Flooding in the streets





Problems with Quality of Drinking Water

Note on the map

This map shows the percentage of communities indicating problems with drinking water: drinking water tasted bad, smelled bad or was perceived to be making people sick. Water tasting bad was the most commonly reported problem in Northeast Syria, and it was indicated by KIs in 23% of the assessed communities. In Sur and Markada Sub-districts, it was indicated that water was perceived to be making people sick in 88% and 87% of the assessed communities, respectively.



Access to Basic Services



Access to Electricity

5-6 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 31% of assessed communities)

Main network

was the most commonly reported main source of electricity (reported by KIs in 75% of assessed communities)

73%

% of assessed communities where KIs reported **local authorities rationing electricity** as a barrier for electricity access



Access to Water

69%

% of assessed communities where KIs reported that **not all households had access to sufficient water**



7 days	35%
5-6 days	12%
3-4 days	25%
1-2 days	10%
0 days	18%

Days per week where water from the network was available (by % of 745 communities connected to a water network)

Piped water network

was the most commonly reported source of drinking water (reported by KIs in 37% of assessed communities)

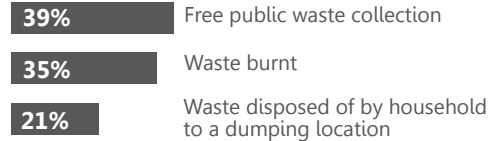


Access to Sanitation

81%

% of assessed communities where KIs reported that **no sewage system was present**

Most commonly reported ways people disposed of solid waste (by % of assessed communities)



29%

% of assessed communities where KIs reported waste removal services as a WASH priority need 8



Access to Markets

32%

% of assessed communities in which households reportedly were **unable to access markets in the assessed location**

People lack financial means to open shop/market

was the most commonly reported **reason for why markets were not functioning** (reported by KIs in 81% of assessed communities where markets were not functioning)

81%

% of assessed communities where KIs reported that the **lack of transportation to markets** was a barrier to physically accessing food markets

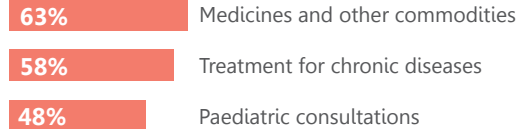


Access to Health Services

73%

% of assessed communities where KIs reported that the **households did not have access to health services in the assessed location**

Most commonly reported health priority needs (by % of assessed communities) 8



Going to the pharmacy instead of a clinic

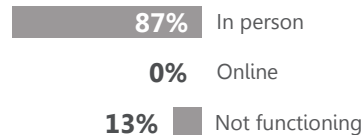
was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 96% of assessed communities)



Access to Education Services

29%
62%

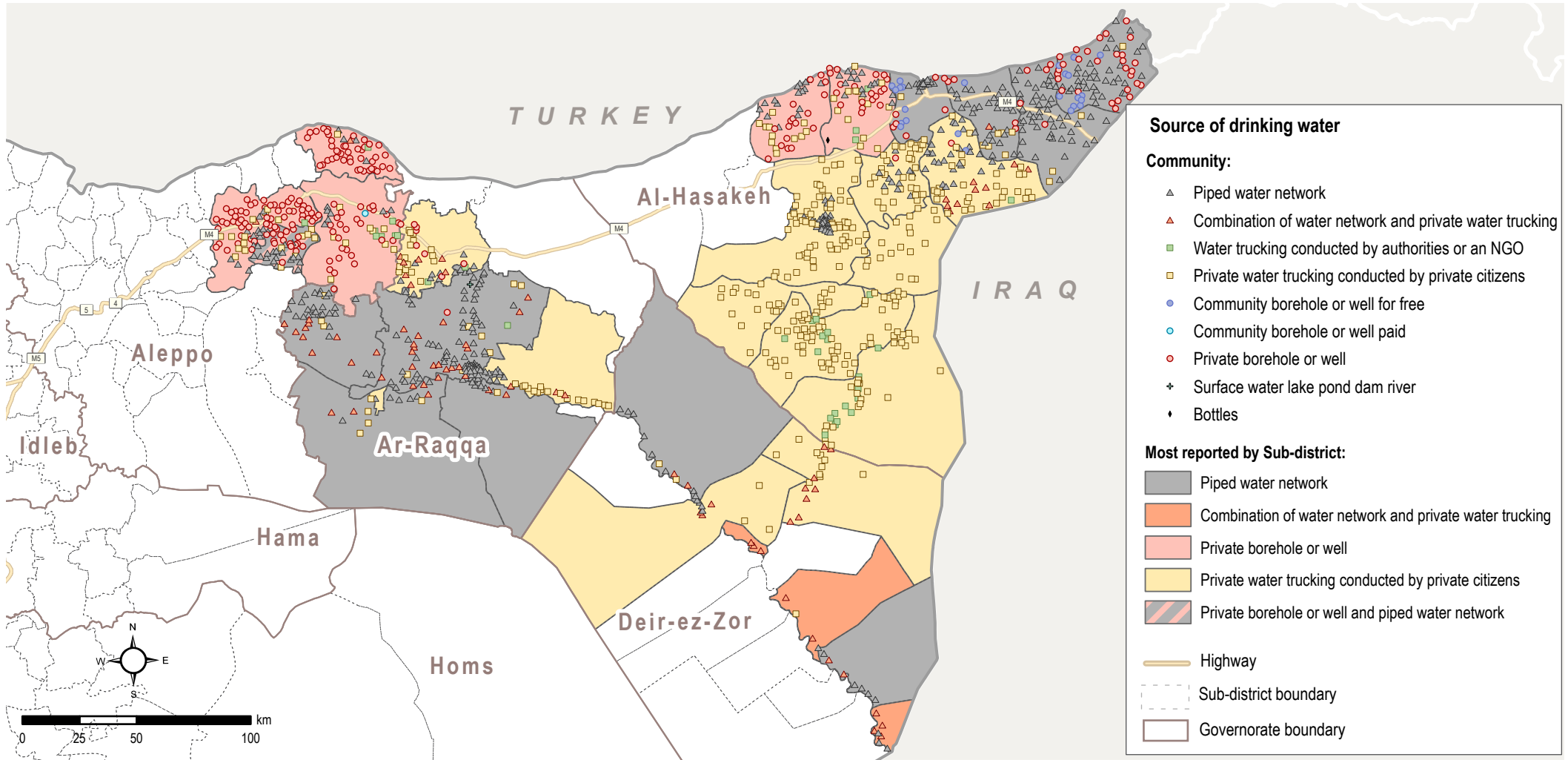
% of communities in which half or less of the school aged-children accessed school in the last 30 days for **residents** and IDPs



% of assessed communities where KIs reported on the functioning of education services in the assessed location 4

57%

% of assessed communities where KIs reported that the **high cost of transportation to school** was a barrier to accessing education services 8



Sources of Drinking Water

Note on the map
 This map shows the most common source of drinking water used by households in each assessed location, as reported by local KIs. Piped water network was the most commonly reported source of drinking water (37%), followed by private water trucking conducted by private citizens, reported in 32% of the assessed communities in Northeast Syria.



COVID-19

Effects of COVID-19 on livelihoods sectors in the community (by % of assessed communities)

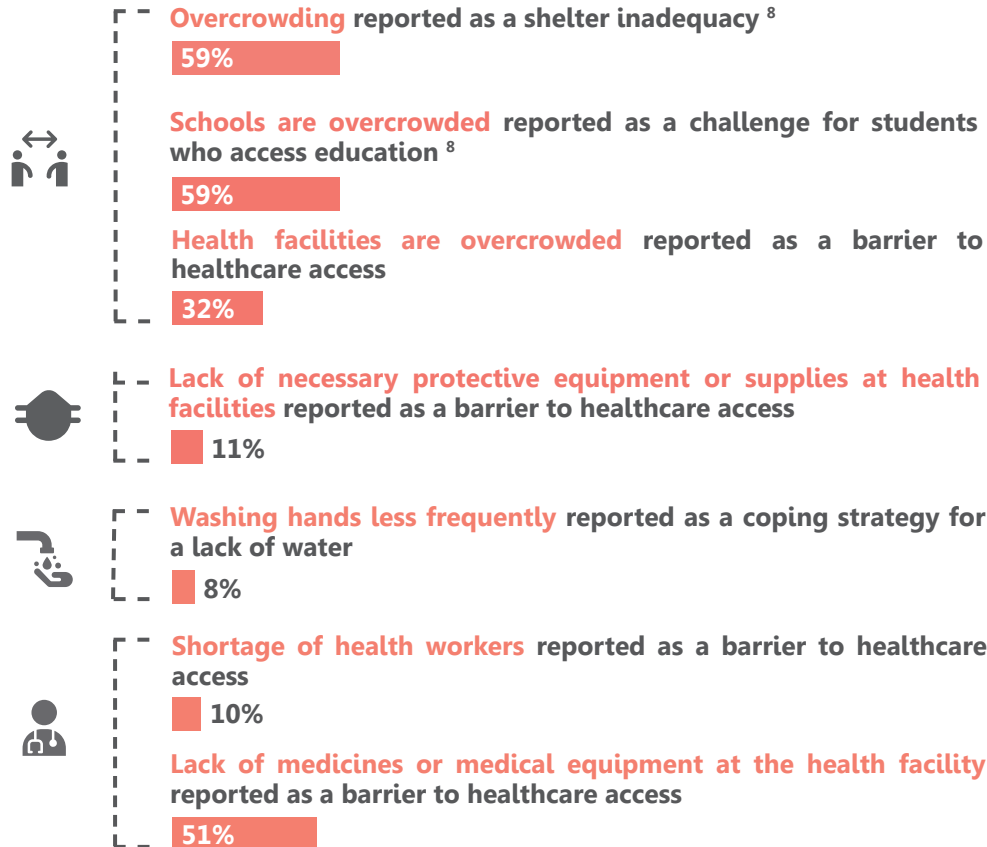


None of the available livelihood sectors were affected 44%
At least one of the available livelihood sectors was partially or totally affected 56%

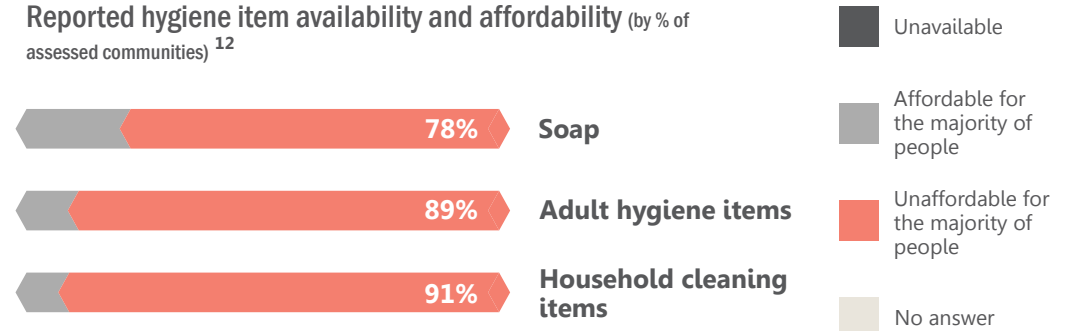
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)



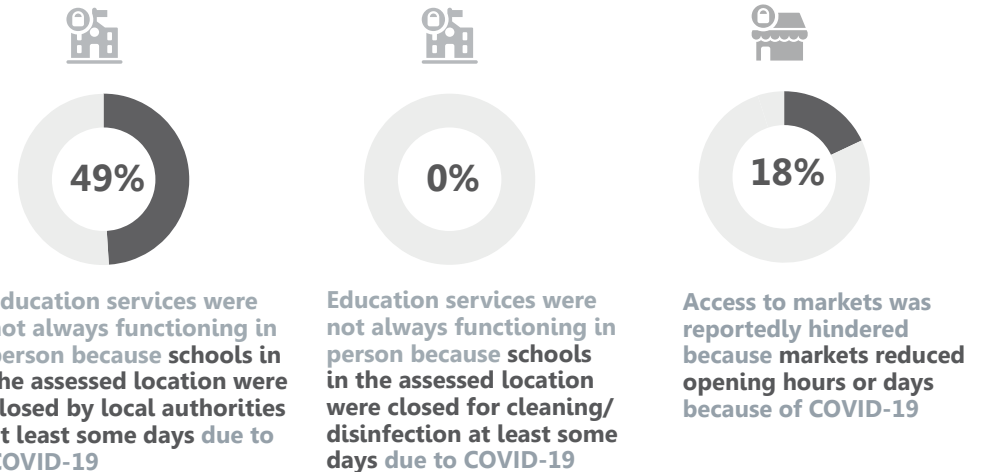
% of assessed communities where COVID-19 risk indicators were reported by KIs

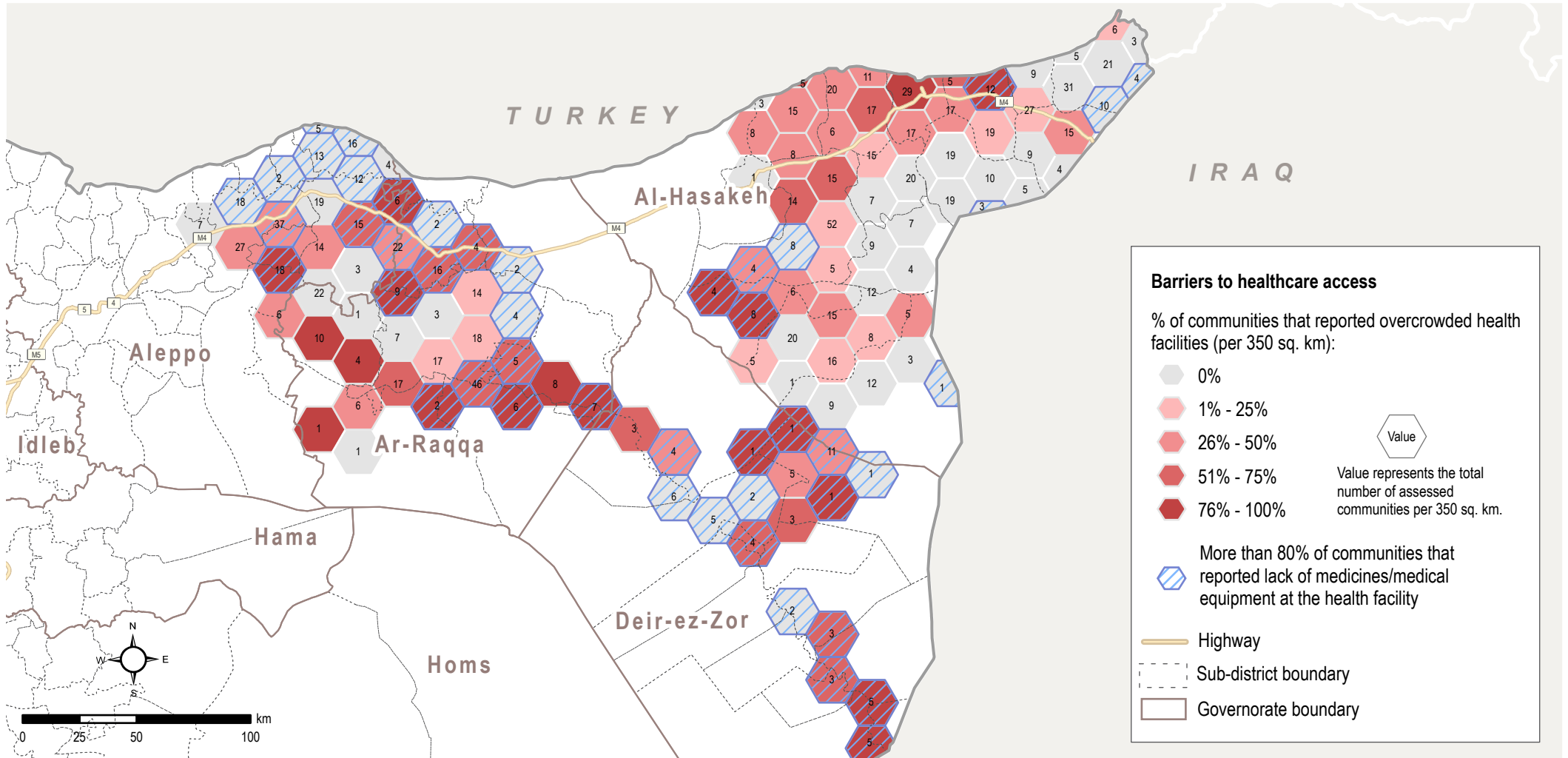


Reported hygiene item availability and affordability (by % of assessed communities)¹²



% of assessed communities where COVID-19 related barriers to access services were reported





Overcrowded Health Facilities and Lack of Medicines or Medical Equipment at Health Facilities

Note on the map

This map shows the percentage of assessed communities where KIs indicated overcrowded health facilities and lack of medicines/medical equipment at the health facility as a barrier to healthcare access. KIs in 31% of the assessed communities in Northeast Syria indicated overcrowded health facilities, and 51% of the assessed communities indicated a lack of medicines/medical equipment at the health facility. 21% of the assessed communities reported both barriers to access healthcare services.



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **82** communities

General safety and security concerns at markets was a reported barrier to market access in **25** communities

Movement restrictions was reported as a protection risk in **52** communities ⁸



Tribal disputes were reported as a protection risk in **27** communities ⁸

Threat from shelling was reported as a protection risk in **1** communities ⁸

Fear from imminent conflict was reported as a protection risk in **85** communities ⁸



The inability to lock homes securely was reported as a shelter inadequacy in **38%** of assessed communities ⁸

Lack of privacy inside the shelter was reported as a shelter inadequacy in **60%** of assessed communities ⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **84%** of assessed communities ⁸

The security situation was reported as a barrier to shelter repairs in **3%** of assessed communities



Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in **40** communities

Most commonly reported protection priority needs (by % of assessed communities) ^{3,8}

- 1 83%** Special assistance for vulnerable groups
- 2 44%** Specialised child protection services
- 3 33%** Psychosocial support

% of assessed communities where the lack of civil documentation for residents and IDPs was reported

- 18%** Lack or loss of civil documentation as a protection risk
- 16%** Some people did not have the necessary personal documents as a barrier to accessing humanitarian assistance [†]
- 2%** Lack of personal documentation required to enrol in school as a barrier to education access
- 2%**
- 0%**
- 0%**

% of assessed communities where extreme coping strategies used by residents and IDPs to meet basic needs were reported ⁴

Residents

- 12%** Early marriage
- 2%** Forced marriage
- 1%** High risk work
- <1%** Sending family members to beg
- 51%** Sending children (15 or below) to work

IDPs

- 17%**
- 4%**
- 2%**
- 4%**
- 68%**

Age, Gender, and Diversity

KIs in **33%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs ⁸

KIs in **24%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs ⁸

KIs in **13%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **21%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **6%** of assessed communities reported that **women and girls feel unsafe when traveling to markets**

Children below the age of 12 were reported as a group affected by child labour in **11%** of assessed communities ⁸

Hazardous child labour was reported as a protection risk in **19** communities ⁸

Endnotes

1. Aleppo governorate includes Menbij and Ain Al Arab districts.
2. KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).
3. KIs could select three answers, thus findings might exceed 100%.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.
6. KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES REACH Market Monitoring exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring November 2021, 1 USD = 3,493 SYP; 1TRY= 360 SYP.
7. According to the NES REACH Market Monitoring November 2021, 1 USD = 3,493 SYP.
8. Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).
9. According to the NES REACH Market Monitoring November 2021, the Survival Minimum Expenditure Basket (SMEB) = 435,402 SYP.
10. Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
11. KIs were asked about the situation in the last two months, instead of the last 30 days.
12. Adult hygiene items include: shampoo, toothbrush, and toothpaste. Household cleaning items include: washing powder, liquid, and dish detergent.

◆ By number of communities where KIs reported the relevant indicator (access/barriers/inadequacies/damages/coping strategies/risks etc.) for the relevant population group(s)

Indicator	Subset	Indicator	Subset
N.o of communities reporting on:		N.o of communities reporting on:	
Residents	1,217	Barriers to assistance access (IDPs)	441
IDPs	625	Barriers to accessing sufficient food (merge)	1,192
Challenges to assistance access (resident)	216	Days when water is available from network	745
Barriers to assistance access (resident)	998	Barriers to markets functioning	395
Challenges to assistance access (IDPs)	165		

Sources

- a. Syrian Observatory of Human Rights. (18 November 2021). Al-Shuhayl hospital's crisis | Residents protest in eastern Deir Ezzor, calling for proceeding with the support provided to the hospital. Retrieved from <https://www.syriaahr.com>
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About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org.